

2604 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000084673

1. Entity Name
QUALITY MANAGEMENT, INC.



FILED
04 AUG 30 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4125 TRALEE RD
TALLAHASSEE, FL 32308

Mailing Address
4125 TRALEE RD
TALLAHASSEE, FL 32308

2. Principal Place of Business
5074 Velda Dairy Rd
Suite, Apt. #, etc.

3. Mailing Address
5074 Velda Dairy Rd
Suite, Apt. #, etc.



08302004 Chg-P CR2E034 (10/03)

City & State
Tallahassee, Fl.
Zip
32309
Country
Leon

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Zip
32309
Country
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4. FEI Number
59-3672693
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAJORS, KAY
4125 TRALEE RD
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent
Name
KAY MAJORS
Street Address (P.O. Box Number is Not Acceptable)
5074 Velda Dairy Rd
City
Tallahassee FL Zip Code
32309

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
NAME MAJORS, JOEL E
STREET ADDRESS 4125 TRALEE RD
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE Change Addition
NAME
STREET ADDRESS 5074 Velda Dairy Rd
CITY-ST-ZIP Tallahassee, Fl. 32309

TITLE STD Delete
NAME MAJORS, KAY
STREET ADDRESS 4125 TRALEE ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE Change Addition
NAME
STREET ADDRESS 5074 Velda Dairy Rd.
CITY-ST-ZIP Tallahassee, Fl. 32309

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000041098230
09/15/04--01032--003 **150.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kay Majors KAY MAJORS 8/30/04 (850)893-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #